ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHIONE NO.	
TELEPHONE NO.: FAX NO.: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
APPEARANCE, STIPULATIONS, AND WAIVERS	CASE NUMBER:
1. Respondent makes a general appearance.	
2. Respondent has previously made a general appearance.	
3. Respondent is a member of the military services of the United States of America and waives all rights under the Soldiers and	
Sailors Civil Relief Act of 1940, as amended, and does not contest this proceeding.	
4 The parties stipulate that this cause may be tried as an uncontested ma	
5. Lad The parties waive their rights to notice of trial, findings of fact and conclusions of law, motion for new trial, and the right	
to appeal.	
6. This matter may be tried by a commissioner sitting as a temporary judge.	
7. A stipulation for independ will be submitted to the court at the uppentented proceeding.	
<ul> <li>8. A stipulation for judgment will be submitted to the court at the uncontested proceeding.</li> <li>9. None of these stipulations or waivers shall apply unless the court approves the written settlement agreement or stipulation</li> </ul>	
for judgment.	
10. Both parties have executed an Advisement and Waiver of Rights Re: E	establishment of Parental Relationship
(form FL-235).	istasiioiiii on aromai riolationomp
11. Other (specify):	
12. Total number of boxes checked:	
12. Total number of boxes officiated.	
Date:	
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(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
Date:	
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(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)
Date:	
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<u> </u>	
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR PETITIONER)
Date:	
<b>)</b>	
(TVDE OD DOINT NAME)	(DIONATURE OF ATTORNEY FOR RESPONDENTS
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)